

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/549249

FILING DATE

APPLICANT(S)

9/12/05

CLAIMS

BEST AVAILABLE COPY

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
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14	1		1			
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20		1	1	1		
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22	1		1			
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49						
50						
TOTAL IND.	14	↓	14	↓		↓
TOTAL DEP.	18	↑	18	↑		↑
TOTAL CLAIMS	22		22			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↑		↑		↑
TOTAL CLAIMS						